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Abstract

# Keeping Telehealth an Equalizer in the Age of COVID-19

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## Abstract

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**Background:** Telehealth has historically been used to increase access to care for marginalized populations living in rural and underserved communities and those who require frequent medical care. Video visits have been used to address distance barriers for routine and specialty care, and remote patient monitoring has been used to help those with chronic medical conditions. However, following the COVID-19 pandemic, telehealth has become standard and is less likely to be used by the populations who could benefit most from its use.

**Objective:** This review aimed to evaluate whether telemedicine use is lower among patients without insurance, racial/ethnic minority individuals, and non-English-speaking patients.

**Methods:** From reviews of the literature and US data, comparisons of telehealth use between different populations were conducted. Utilization rates were compared between racial/ethnic groups (Black, Asian, and White; Hispanic and non-Hispanic) and among different telehealth use cases: on-demand, direct-to-consumer care; scheduled ambulatory video visits; and remote patient monitoring applications.

**Results:** Among telehealth users in the United States, the highest share of visits that used video services occurred among young adults aged 18-24 years (72.5%), those earning at least US \$100,000 (68.8%), those with private insurance (65.9%), and White individuals (61.9%). Video telehealth rates were lowest among those without a high school diploma (38.1%); adults aged ≥65 years (43.5%); and Hispanic (50.7%), Asian (51.3%), and Black individuals (53.6%).

**Conclusions:** Telehealth use increased dramatically during the COVID-19 pandemic, but research suggests that access to telehealth was not equitable across different population subgroups. Following the pandemic, the use of telehealth has gone from a tool that was used to primarily address barriers in access among minority populations to a model of care that serves those who are better insured, English-speaking, and White. Interventions to address inequities involve payment policies, ambulatory operations, and investments in making telehealth more accessible by underserved populations.

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**KEYWORDS**

telehealth; equity

**Conflicts of Interest**

None declared.

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